

## Application or Docket Number

Substitute for Form PTO-875

(Column 1) (Column 2)

\* If the difference in column 1 is less than zero, enter "0" in column 2.

(Column 1)	(Column 2)	(Column 3)
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**FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))**

## AMENDMENT B

**FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))**

## AMENDMENT C

**FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))**

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.**